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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/002,555	RECEIVED
Filing Date	November 11, 2004	CENTRAL FAX CENTER
First Named Inventor	Roberto Imbarren	
Art Unit	3692	JUL 10 2007
Examiner Name	Norman, Samica L.	
Attorney Docket Number	4004.P006	

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number 08791

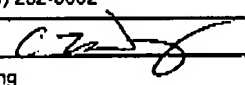
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Discontinuation of the attorney-client relationship with the client's consent/approval. The files were sent to the client on 4/14/04 with our previous request mailed and "not approved" on 7/21/04. I am duly authorized to sign on behalf of other attorneys.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	MedPool.com, Inc.		
Address	1600 Bridge Parkway		
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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